

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/26/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505085	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/16/2013
NAME OF PROVIDER OR SUPPLIER CRESCENT HEALTH CARE, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 505 NORTH 40TH AVENUE YAKIMA, WA 98908		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Crescent Health Care on September 11 and 16, 2013. A sample of 13 residents was selected from a census of 76. The sample included 11 current residents and the records of 2 former and/or discharged residents.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#2869471 #2863566</p> <p>The survey was conducted by:</p> <p>██████████ RN</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Long Term Support Administration Residential Care Services, District 1, Unit D 3611 River Road, Suite 200 Yakima, WA 98902</p> <p>Telephone: (509) 225-2800 Fax: (509) 574-5597</p> <p><i>Received Yakima RCG OCT - 3 2013</i></p> <p><i>Robert L. [Signature] 9/26/13</i></p> <p>Residential Care Services Date</p> <p>F 157 483.10(b)(11) NOTIFY OF CHANGES SS=D (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident;</p>	F 000	<p>Submission of this response and plan of correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and it is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents or other individuals who draft or may be discussed in this response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction solely because of the requirements under state and federal law that mandate submission of a plan of correction within ten days of the survey as a condition to participate in the Title 18 and Title 19 programs. Submission of the plan of correction within this time frame should in no way be considered or construed as agreement with the allegations of non-compliance or admissions by the facility. It is understood that the Centers for Medicare and Medicaid Services takes the position that the facility does not have the right to formally appeal any particular disagreements it may have with regard to specific federal citations unless there is a remedy imposed, as the term "remedy" is defined in federal regulations. This facility contends that the refusal of CMS to afford it such appeal rights unconstitutionally violates</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Michelle H. [Signature] RN CNMH

Admin-

10/1/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	<p>Continued From page 1</p> <p>consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to notify the physician and family of a change in condition for 1 of 3 residents (#1) reviewed. Resident #1 became confused and then non-responsive within two days following her admission. Findings include:</p>	F 157	<p>the facility's fundamental due process rights and that this unconstitutional denial has substantive impact on the facility's rights and property. The Supreme Court affirmed this belief in a landmark decision in 1997.</p> <p>Therefore, the facility reserves the right to challenge the findings of this survey if at any time; the facility determines that the findings are: (1) relied upon to adversely influence or serve as a basis in any way, for the selection and/or imposition of future remedies or any increase in future remedies. (2) Serve, in any way to facilitate or promote an adverse action by any party against the facility.</p>		

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F 157	<p>Continued From page 2</p> <p>Resident #1. Multiple admitting diagnoses included urinary tract infection and left sided weakness with minimal mobility due to an acute stroke.</p> <p>When admitted on [REDACTED]/13 the resident's vital signs were normal and her oxygen saturation levels were 94% on room air. She was at risk for aspiration as identified from the Speech Evaluation. Staff B, a Licensed Nurse (LN), stated the resident was extremely tired when admitted. She had weakness on the left side.</p> <p>On 8/16/13 progress notes documented the resident was a "little confused". She had no problems eating breakfast and she required one assist for activities of daily living and transfers.</p> <p>On 08/17/13 at 1:15 p.m. progress notes documented the resident was not standing or helping with transfers as she had the day before, she was lethargic (tired) and needed two nursing assistants to transfer her. Her oxygen saturation levels were 93-98% on room air, she was not talking or opening her eyes and she started coughing. Staff laid her in bed and ordered a portable xray per physician's standing protocol orders to rule out aspiration. Staff B, a Licensed Nurse, stated she listened to the resident's lungs and heard crackles; however, the chest xray came back negative.</p> <p>At 9:45 p.m. on 08/17/13 the resident's oxygen levels were 95-97% on room air, she had no fever and other vital signs were within normal limits. She was non-verbal, she opened her eyes when staff talked to her, though she did not follow commands.</p>	F 157	<p>F-157 Notify of Changes</p> <p>Licensed staff observed the resident and assessed resident # 1 throughout her short stay. Labs were drawn, oxygen saturation and vitals monitored and a chest x-ray was obtained per physician protocol to rule out aspiration. All were within normal limits. Resident #1 food and fluid intake was monitored. Family was in and out of the facility during the weekend. Resident #1 was discharged [REDACTED] 13.</p> <p>The Director of Nursing met with Administrative Licensed Nurses to develop systems to ensure that physicians and the residents' representative are notified timely.</p> <p>The facility instituted the "Early Warning Tool: Stop and Watch" and the "SBAR" communication tool both developed by the Institute for Healthcare Improvement. The tools aid in communications between staff and staff and physicians.</p> <p>All nursing staff has received education regarding the use of these tools. The Charge Nurse is responsible to request a completed SBAR if asked to phone the physician.</p> <p>All Nursing staff will attend a stand up meeting at shift change rather than participate in individual reports.</p>		

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F 157	<p>Continued From page 3</p> <p>On the morning of 08/18/13 staff transferred the resident to her wheelchair. She continued to require assistance with activities of daily living and transfers and had no strength on the left side. The POA arrived that morning at approximately 10:15 a.m. and requested the resident be transferred to the hospital for evaluation.</p> <p>On 9/16/13 at approximately 12:15 p.m. Staff A stated the nursing assistants reported to her on 08/17/13 that the resident was not bearing weight and was weak on one side. The resident ate and chewed some food and her eyes were open that morning. Her vital signs remained normal with no fever; however, staff failed to notify the physician or family of the changes in the resident's condition</p> <p>On 09/16/13 at approximately 11:30 a.m. Staff B stated the family was in the facility on 08/17/13, but she did not realize it was not the Power of Attorney (POA). She could not recall notifying the POA or the physician of the resident's condition.</p> <p>Interview with the Power of Attorney on 9/11/13 at approximately 9:00 a.m. revealed s/he had not been notified of the resident's change of condition.</p>	F 157	<p>The Director of Nursing reviews the 24 hour shift reports each day. The Director of Nursing or her designee will follow up if it appears there has been a change in condition, accident or need to change a treatment, to verify that the appropriate parties were notified.</p> <p>Licensed nurses have received additional education regarding the importance of notifying the physician and responsible party when there are changes.</p> <p>The Administrator and Director of Nursing will monitor for continued compliance via chart review.</p> <p>Date completed- October 15, 2013</p>		10/15/13